

Child Welfare Medicaid Managed Care Advisory Workgroup

**Department of Children and Family Services
100 W. Randolph St.
6th Floor Room 275
Chicago, IL**

and

**Department of Children and Family Services
406 E. Monroe St.
3rd Floor Conference Room
Springfield, IL**

and
Via WebEx

**Date: January 22, 2020
Time: 2:00p.m.
MINUTES**

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via phone)	MEMBERS ABSENT
Kristine Herman	Royce Kirkpatrick	Lauren Tomko
Jamie Dornfeld	Lia Daniels for Helena Lefkow	Kelly Cunningham
Raul Garza	Carol Sheley	Ruth Jajko
Deb McCarrel	Trish Fox	Nacole Milbrook
Dr. Michael Naylor	Kathleen Bush	Ashley Deckert
Tracy Johnson for Leslie Naamon	Howard Peters	Kara Teeple
Anika Todd	Dr. Peter Nierman	Pam Winsel
Julie Hamos		April Curtis
		Brenda Cazares
		Daniel Cazares
		Laura Ray
		Desiree Silva
		Leyda Garcia-Greenawalt
		Karen Cook
		Rashad Saafir
		Josh Evans
		Dr. Marjorie Fujara
		Judge Ericka Sander
		Arrelda Hall
		Gregory Cox
		Marc Smith
		Theresa Eagleson

Welcome and Call to Order

The meeting was called to order at 2:04p.m.

I. Introductions

Kristine opened the meeting. Roll call was completed for workgroup members.

II. Review of Minutes

The December 10 minutes were approved with an amendment related to member attendance.

III. Update on Implementation Timeline

There was a letter sent on January 16, 2020 to the workgroup notifying members that the start date for youth in care to be covered under YouthCare has been moved to April 1 from February 1. Former youth in care will be covered starting February 1 as planned. Kristine read the letter aloud.

Tracy Johnson from YouthCare provided an update on the soft launch and what the “go-live” looks like for February 1.

Since November 1, the YouthCare team has been reaching out to the authorized representatives for 16,000+ youth in care. There is a goal to reach out and talk to foster parents, troubleshoot, etc.

Staff has completed 40,000 outbound calls, 32,000 of which have been unsuccessful. In those circumstances staff has left a message, found out the child had moved or reached permanency or turned 21, etc. Of 32,000 messages, YouthCare has received 901 callbacks. This information is current as of 1/21/20. YouthCare has completed 7,961 Health Risk Screenings (HRS) of 16,000+ youth in care.

The soft launch means that YouthCare is not getting daily feeds on placement changes etc., which they will receive once the program is fully launched.

Regarding the priority list of seven populations, YouthCare has reached out to just under 100% of those that came in. When staff got through the list, there were 3,737 unduplicated names. They removed those who had reunified, aged out or otherwise had cases closed, and the list went down to 2,391 active youth in care in the seven groups. Staff completed more than 80% of those HRS. There is a DCFS/YouthCare special team looking up contact info, so they are working through those and anticipate completing the initial list by the end of the month.

YouthCare needs to be able to reach the authorized representative in order to complete the screening. Staff will conduct outreach three times to each contact; they will do this twice before marking it an unsuccessful outreach. YouthCare is working with DCFS on those cases.

Once the “go-live” happens, these processes will all be automated, but during the soft launch, it is a more gradual/manual process.

Questions/Comments from Workgroup

Q: This is a lot of work -what have you seen so far?

The trend in working with caseworkers has been positive overall. YouthCare is keeping a running list of little successes, for example, staff helped locate a provider for a kin caregiver and helped change a provider a family was unhappy with.

Q: What diagnoses are you seeing that were previously not seen or not located in the record?

A: We can't speak to diagnoses not seen, but we have been able to serve youth with autism, behavioral health issues, and needing durable medical equipment, among other things.

We also learned that over 50% of the families with a youth in care have an adopted child as well – so families going live April 1 are going live February 1 with their adopted child(ren).

Q: Once the “go-live” happens, what additional info will you have access to?

A: YouthCare will have the authorization to talk to hospitals and will get daily notification from emergency rooms when a child is admitted. YouthCare will get psychiatric admission notifications as well. YouthCare will get point in service claims info from pharmacy, as well as hospitals (medical). Behavioral health tends to have a longer lag time with claims. YouthCare will be able to use claims information to load and highlight care gaps and use algorithms to determine what services are needed (for example if a child has not had a dental exam in months). YouthCare can also run a diagnosis through a predictive model to ensure medications match the youth's diagnosis/symptoms.

Q: Will you have historical information on children?

A: YouthCare is loading into system two years of Medicaid claims. When staff start joining teams (staffings, etc.) they will be able to obtain IM-CANS, Comprehensive Health Exams, other specialized behavioral health assessments, etc.

Q: Can we go through what the best process is for people to find out what providers are in network and who is not, and how HFS and YouthCare can be notified about who to reach out to

A: As of Friday, YouthCare compared what they received from the DCFS network to what YouthCare has today – there were 190 hospitals received from DCFS, and YouthCare has 202 in network. Received 6,030 primary care physicians and have 8,226 in network today. For behavioral health providers, the DCFS network included 370; YouthCare has 3,107 behavioral health therapists, counselors etc. to serve the population. YouthCare has contracted with nine psychiatric hospitals. The DCFS network contained 465 psychiatrists, and YouthCare has contracted with 975; Community Mental Health Centers (CMHCs) went from 463 to 968. Oral surgeons went from DCFS having 17 to YouthCare having 50. Periodontists went from DCFS having one to YouthCare having nine; orthodontists from 63 to 120. YouthCare is in the final stages of finalizing a contract with Advocate. There is now a contract with Rush. Silver Cross is now coming in network, finalizing the contract next week. Gibson and St. Louis Children's, BJC and Wash U are in. University of WI, including Children's Hospital, is in. Northwestern is still not in network – YouthCare is still talking with them, but they are not ready to finalize a contract.

Q: Do we have the number of substance abuse providers broken out?

A: Not yet, but we will get that number. When a provider contracts with YouthCare, we get a long list of individual provider NPIs, names, locations, etc. Then those get loaded into the system and feed the YouthCare “provider finder”. There is a delay, so anyone who wants to know if a provider is in-network can call YouthCare at 844-289-2264 or email ILYouthCare@Centene.com and ask. Staff will be able to answer by looking up in master contractor file.

Q: This workgroup knows that this particular issue (providers in network) is creating anxiety. This should be on the websites and communicated to public.

A: This information is on the DCFS and YouthCare websites and has been communicated in letter and in person meetings with advisory groups and trade groups, but we will continue to communicate that information.

Q: After we go live will you be able to directly contact residential facilities as opposed to going through the caseworker?

A: It depends – YouthCare can contact the authorized representative, and if the caseworker gives permission to contact the residential facility it can be added to the system. That will be better after go-live, when YouthCare can reach out to whoever. Even if the caseworker does not call back, YouthCare will then go to the supervisor, then go to Jamie Dornfeld or Anika Todd. DCFS staff are contacting both DCFS and POS caseworkers and tracking their responses. DCFS will contact POS agencies to be sure they are aware of who YouthCare has not been able to reach.

Q: Are you working to identify changes in caseworker?

A: Yes, and with outreach efforts we have been getting those changes communicated.

Q: For former youth in care, if their current providers do not want to contract with YouthCare, how long do they have to transition to new providers.

A: We have continuity of care to October 1 for everyone. For those who want to choose a different plan, they also have 90 days to do so. Between February 1 and October 1 we will be working to get a contract, and if a provider will not we will have to deal with it on case by case basis.

Q: Is this a good time to talk about current merger activity?

A: Centene is purchasing WellCare, who does business as Meridian. As part of this, Centene is selling off Illinicare to CVS, except for YouthCare. YouthCare will be retained in entirety – network, staff, etc. – and moved over to Meridian. By March, the name will be YouthCare, a Meridian Company. Illinicare will be separate and fully owned by CVS. YouthCare will be owned by Meridian.

IV. Discussion of Final Transition Plan

The final transition plan was posted on January 3, 2020 in conjunction with the statutory timeline.

All information is posted on the DCFS and HFS websites. Comments can still be made and will be considered, although this version is considered the final plan.

V. Public Comment

Q: We are a provider who was already contracted with Illinicare and as such did not get a separate addendum for youth in care. Will we need a new contract with YouthCare due to the merger?

A: No, no new contracting is necessary.

Q: For adopted former youth in care, when they have had continuity with specialists, particularly in the Springfield and St. Louis area, how will this work for them? They have high needs and may have

the same specialists for years. I want to make sure we are responding to inquiries coming in. Some providers are contracted with one managed care plan and some are with another.

A: We need to look at who those providers are and if going to serve YouthCare – this is different than the current Illinicare/Medicaid network. We need to know who they are and whether they are contracted, if not, we will go and talk with them. For now, they can bill YouthCare for the next eight months. It does not matter if they are contracted with Meridian or Illinicare, it matters if they are contracted with YouthCare.

Q: Statute states that DCFS will issue a report on this transition to House and Senate Committees on February 1 of every year. What is the status of this report?

A: The report will be submitted by February 1.

Q: Regarding children with specialized needs – how are you determining if they will stay straight Medicaid or if they need to be in a managed care plan?

A: All DCFS youth in care are being enrolled in managed care. Two categories of youth are held out statutorily because they are on waivers, but other than them all youth in care will be enrolled

Comment: It is important to say that Meridian is a big plan with lots of relationships, and even though YouthCare is carved out this merger may expand the possibility of providers.

Q: I heard from an adoptive parent that tried to enroll in Meridian but was told their children were not eligible. We do not know what to tell them. Their three kids have Down Syndrome.

A: Let's take this question offline since it is about a specific family.

Next Meeting Date and Location: February 4, 2020 2:00p.m.-3:00p.m.

**Department of Healthcare and Family Services
401 S. Clinton
7th Floor Videoconference Room
Chicago, IL**

And

**201 S. Grand Ave.
1st Floor Video Conference Room
Springfield, IL**